Te Tāhū Hauora
Health Quality & Safety Commission

Ngā Poutama Oranga Hinengaro: Quality in Context survey of mental health and addiction services

National report

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Acknowledgements
Thank you to the over 1,800 staff in mental health and addiction services who participated in this survey.

Executive summary

Welcome to the Ngā Poutama Oranga Hinengaro: Quality in Context in mental health and addiction (MHA) services survey 2022 report.[1]

This survey was conducted for the national mental health and addiction quality (MHA) improvement programme (the programme). Coordinated by Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) , this survey is a follow-up to a baseline survey conducted in 2018 (https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/quality-in-context-survey-of-mental-health-and-addiction/). The 2022 survey was open during June 2022 to professionals working in the mental health and addictions sector, and received over 1800 responses, including nearly 500 from those working in non-government organisations (NGOs).

The results of this staff survey are used to inform programme activities, including the continued development of quality improvement capability across the health sector, to inform future work, and to further develop ways to support health sector provider teams. Separately, the Ngā Poutama Oranga Hinengaro Consumer, family and whānau experience survey conducted in 2019 (https://www.hqsc.govt.nz/resources/resource-library/national-and-technical-reports-nga-poutama-consumer-family-and-whanau-experience-survey/) provides information to support the 2018 and 2022 staff surveys, and will also be repeated.

Four new questions were included in the 2022 survey to explore participants' level of engagement with the programme, their quality improvement learning, changes made in the workplace, and any COVID-19 impacts.

It is encouraging that the 2022 survey results have not been more adversely impacted by increased pressures placed on the health system due to COVID-19 and its impacts. Te Tāhū Hauora's 'Window on Covid' report provides additional context.

The 2022 survey results can be summarised as follows:

Questions with the greatest proportion of positive responses related to tāngata whaiora[2] engagement and participation, including tāngata whaiora being treated with respect, co-creating plans of care and support and incorporating tāngata whaiora needs, values and beliefs in care and support plans. This is unchanged since 2018.

Comparing the 2022 survey results to 2018, the only statistically significant finding (at seven percentage points lower in 2018) was the response to 'we access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'. This decrease is concerning, and likely indicates a slight downward trend in tāngata whaiora and whānau accessing tikanga Māori practices.

Questions with lower proportions of positive responses were also consistent with 2018:

- the extent to which the sector functions in a cohesive way (including coordination and transfers between sectors)

[1] The survey name reflects the shared commitment of Te Tāhū Hauora and the mental health and addiction (MHA) sector to the continued support and improvement of MHA services. Oranga hinengaro encompasses a broad understanding of mental wellbeing. Poutama are the stepped patterns seen in tukutuku panels on the wall of the wharenui (meeting house). They climb upward to meet at the tāhuhu (ridgepole), symbolising a cooperative journey of advancement to the highest levels of knowledge.

[2] The term 'tāngata whaiora' ('people seeking wellness') refers to MHA consumers, patients, service users and clients.

- organisational culture (processes for dealing with bullying, wider organisational understanding of MHA services)
- cultural processes.

Across most questions, NGO staff were more likely to respond positively than the national average, while DHB[3] staff were less likely to respond positively. This pattern is consistent with 2018. Māori MHA staff, and in particular Māori staff working in kaupapa Māori services, gave a higher proportion of positive scores than non-Māori staff in response to questions relating to cultural competency. These differences are statistically significant and consistent with 2018. Pacific peoples staff were also more likely to give positive responses to these questions.

Overall, allied health professionals and nurses were less likely to give positive responses while support workers, peer workers, and those in management or leadership positions were more likely to give positive responses.

Next steps:

Survey results are used to inform future Programme activities, including the continued development of quality improvement capability across the health sector, and to further develop ways to support health sector provider teams.

Individual provider service information will be compiled for organisation use. We encourage organisations to determine how results can be interpreted in specific environments, and to address issues as presented, the most significant being the lack of access to kaumatua and cultural advisors.

The Programme would like to thank staff for their participation in this survey, especially during this COVID-19 environment.

[3] This survey was undertaken and the report primary written before the Pae Ora (Healthy Futures Act) 2022 came into force. As such, we refer to DHBs throughout for ease and consistency of reporting.

Contents

Introduction

Survey objectives

During June 2022, the mental health and addiction (MHA) sector took part in a national survey – Ngā Poutama Oranga Hinengaro: Quality in Context in mental health and addiction services (Ngā Poutama). This survey was conducted as a follow-up to a 2018 baseline survey and is being used to inform the Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora)'s national MHA quality improvement programme.

Ngā Poutama gathered information from MHA staff about their beliefs, attitudes and behaviours regarding quality and safety in their organisation.

The objectives of the Ngā Poutama staff survey were to:

1. inform local quality improvement initiatives in the sector, both within and independently of the national MHA quality improvement programme
2. measure improvement over time.

Methodology

Ngā Poutama was an online survey conducted with people working in publicly-funded MHA services in Aotearoa New Zealand. This included MHA staff in:

- district health board (DHB) inpatient services and community services
- non-government organisation (NGO) services[4]
- primary mental health care (excluding general practitioners).

Older adult mental health services were also included in the above.

The final sample size was 1,859 people, which included 1,604 fully and 255 partially completed surveys. We have not been able to provide a response rate for the 2022 survey given that there has been no update to the workforce data since Te Pou o te Whakaaro Nui's 2014 *More than Numbers* organisation workforce survey.[5]

[4] MHA staff working in Vote Health-funded NGOs were invited to participate in the survey.

[5] The response rate for the 2018 survey was based on Te Pou o te Whakaaro Nui's 2014 *More than Numbers* organisation workforce survey.

Table 1: Participation by role in 2022

Role	N (Fully completed responses – all responses)
National	1604-1859
Nurse	382
Allied health professional	288
Leadership and management	208-212
Support worker	171-172
Medical practitioner	101
Administration/Technical	84
Peer support worker	50
Consumer advisor/Leader	26
Cultural advice and support	23
Family/Whanau advisor	19
Health support practitioner	13
Health coach	7
Other	102-103

For a full description of the methodology, see the separate technical report. The survey questionnaire is also available online (see Other resources available).

Quality and safety culture

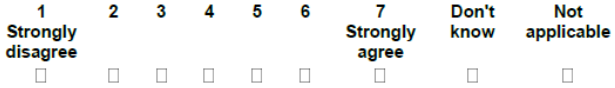
The following charts provide an overview of the results at a national level, and for DHBs, NGOs and primary health care services overall.

The term ‘tāngata whaiora’ used in these questions refers to consumers of MHA services. It can be translated as ‘people seeking wellness’.

Question reporting scale

Data in this report is presented as a percentage of positive responses.

Respondents rated the 24 quality and safety organisational culture questions against a 1–7 Likert agreement scale (ranging from ‘Strongly disagree’ to ‘Strongly agree’).



A score of 6–7 on the Likert scale was coded as a positive response. All responses in the figures that follow reflect the percentage of positive responses for each question.[6]

Appendix 1 provides detailed data tables.

Comparing the 2018 and 2022 results

Figures 1 and 2 show the national results by question in order of proportion of positive responses, comparing the 2022 results with the 2018 results.

The only statistically significant difference between 2022 and 2018 was for:

- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (7 percentage points lower in 2022)

The top three questions with the highest levels of agreement (the greatest proportion of positive responses) in 2022 were unchanged since 2018 and were about tāngata whaiora engagement and participation:

- tāngata whaiora being treated with respect
- co-creating plans of care and support, and
- incorporating tāngata whaiora needs, values and beliefs in care and support plans.

Lower levels of agreement (fewer positive responses) were also consistent with 2018:

- the extent to which the sector functions in a cohesive way (including coordination and transfers between sectors)
- organisational culture (processes for dealing with bullying, wider organisational understanding of MHA services), and
- cultural processes (the use of te reo, and mihi and whakawhānaungatanga).

[6] Not applicable responses have been excluded from the percentage denominator.

Figure 1: National results (50%+ agreement) 2022 vs. 2018

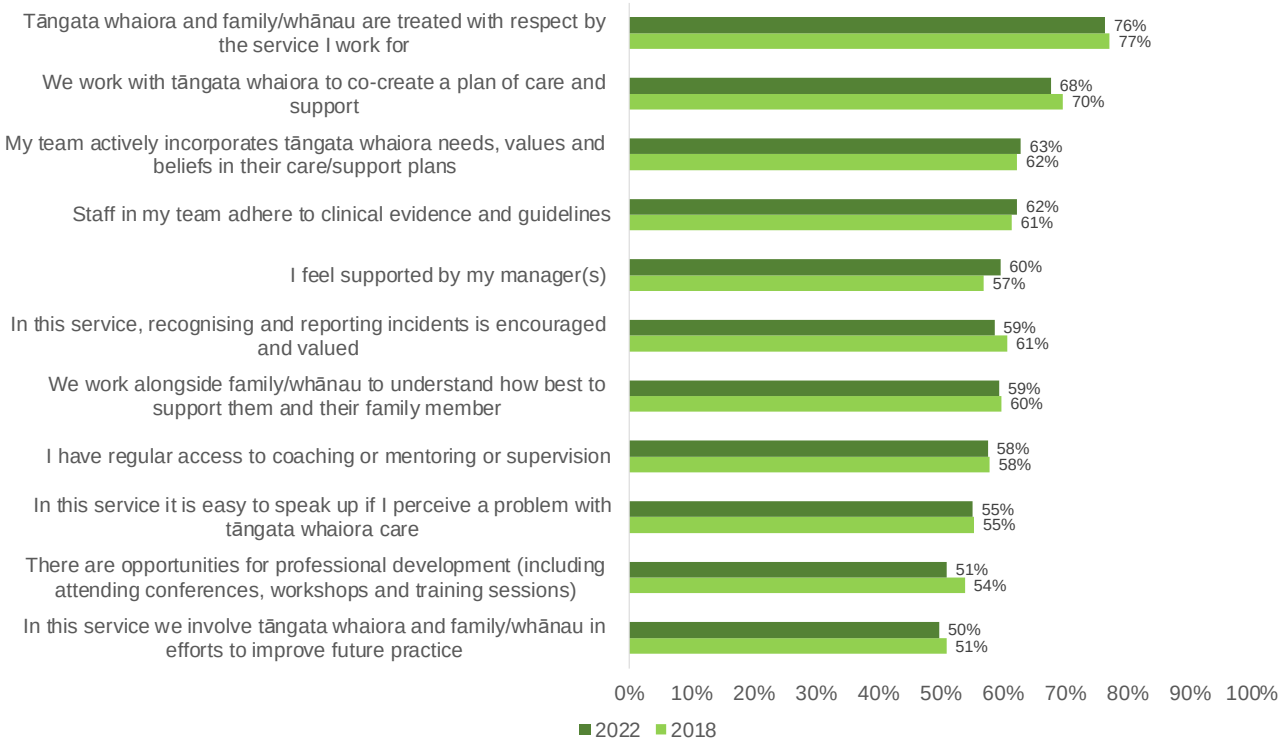
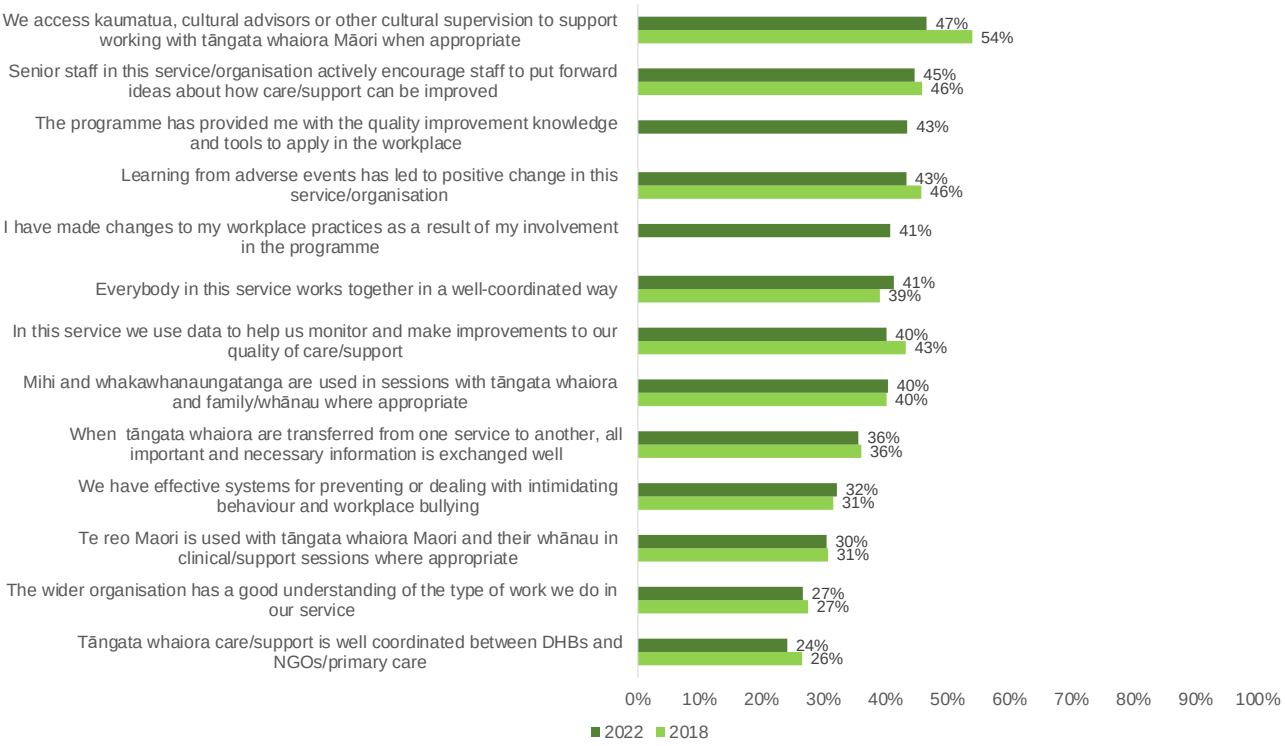


Figure 2: National results (under 50% agreement) 2022 vs. 2018



Organisation type

Figures 3–6 show the 2022 national results compared with the total results from each of three types of organisation: DHBs, NGOs and primary mental health care services.

Consistent with 2018, in 2022 NGO staff and primary mental health care staff gave a higher proportion of positive responses than the national result for most questions, while DHB staff gave a lower proportion of positive responses for many of the questions.

Compared to national results, DHB responses were statistically significantly lower for all but five questions. For these five questions, there was no evidence of a statistically significant difference:

- 'We work alongside family/whānau to understand how best to support them and their family member'
- 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'
- 'Staff in my team adhere to clinical evidence and guidelines'
- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care'
- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well'.

Compared to national, NGO results were statistically significantly higher for all but three questions. For one question, NGO results were statistically significantly lower than national:

- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well'.

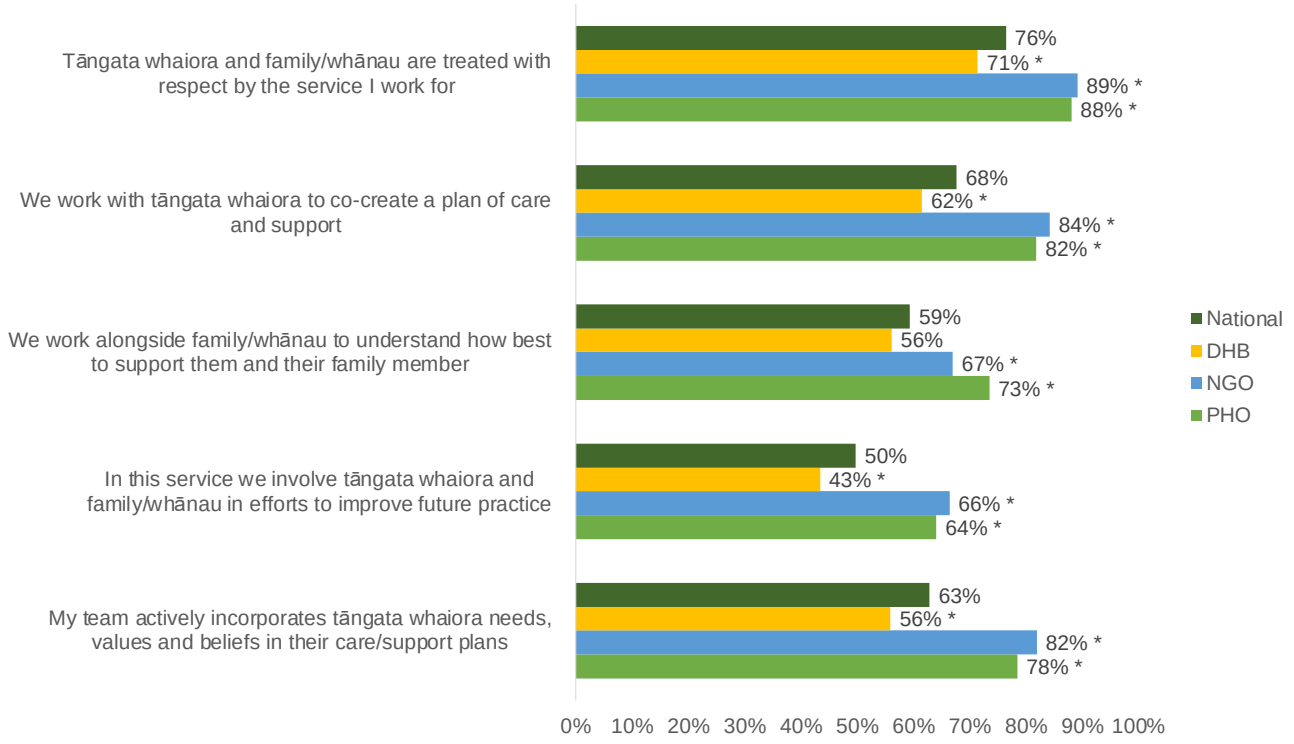
For the remaining two questions, there was no evidence of a statistically significant difference between NGO and national results:

- 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'
- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care'

Compared to national, primary mental health results were statistically significantly higher for all but seven questions. For these seven questions, there was no evidence of a statistically significant difference:

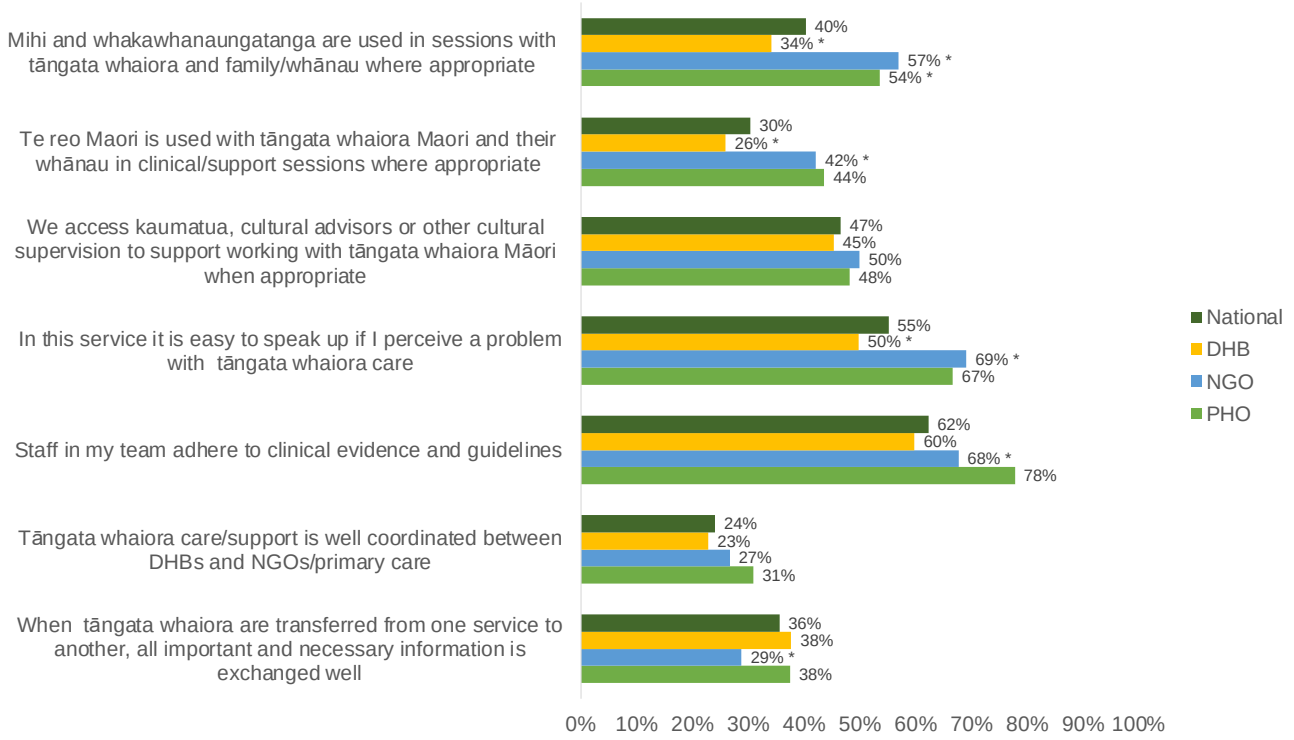
- 'Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate'
- 'We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'
- 'In this service it is easy to speak up if I perceive a problem with tāngata whaiora care'
- 'Staff in my team adhere to clinical evidence and guidelines'
- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care'
- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well'.
- 'Learning from adverse events has led to positive change in this service/organisation'

Figure 3: Engagement with tāngata whaiora – national, DHB, NGO and primary mental health care results in 2022



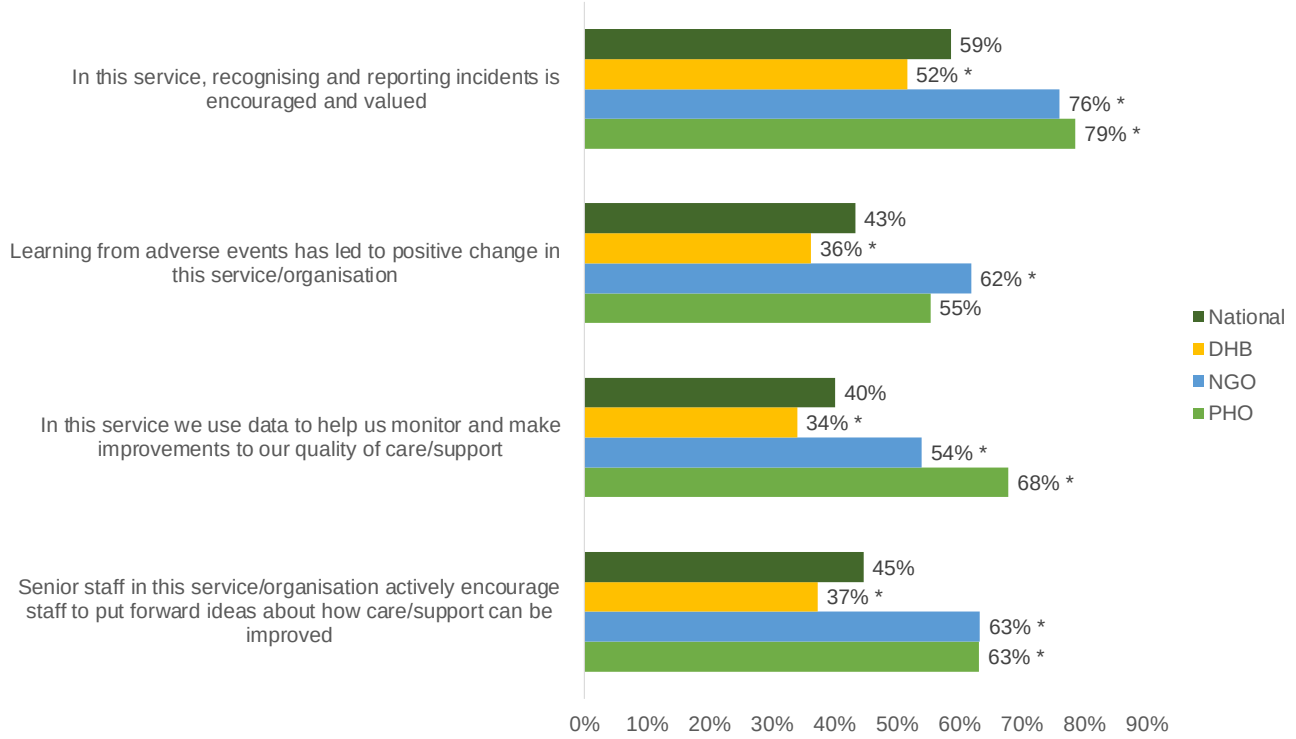
* Statistically significant difference compared with national result.

Figure 4: Care and support provided – national, DHB, NGO and primary mental health care results in 2022



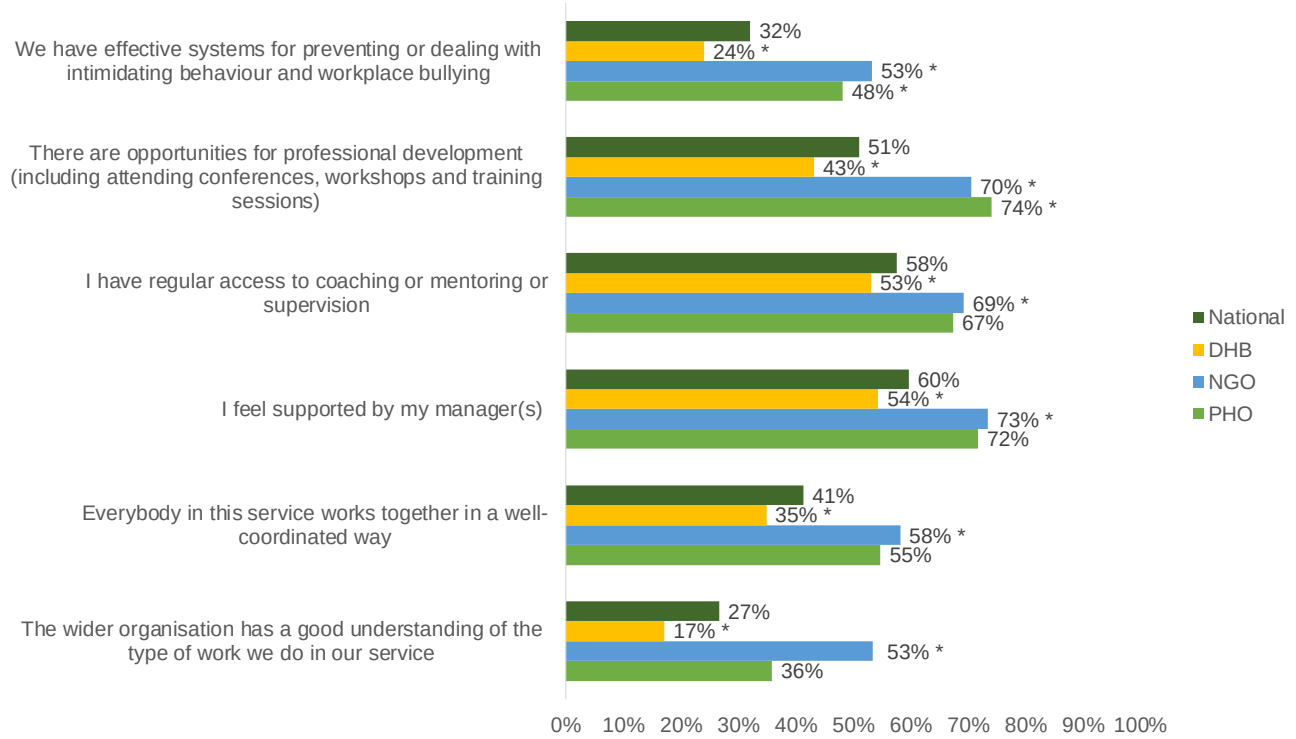
* Statistically significant difference compared with national result.

Figure 5: Learning and changing the care and support provided – national, DHB, NGO and primary mental health care results in 2022



* Statistically significant difference compared with national result.

Figure 6: Engaged, effective workforce – national, DHB, NGO and primary mental health care results in 2022



* Statistically significant difference compared with national result.

NGO regions

In 2022, there were few NGO region responses that were significantly different to national (Table 3). The only statistically significant differences were that:

South Island NGOs were **less likely** to give a positive response to the following question:

- 'We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying'

Central NGOs were **more likely** to give a positive response to the following question:

- 'In this service we use data to help us monitor and make improvements to our quality of care/support'

Role

Consistent with 2018, responses by role in 2022 produced a range of statistically significant differences.

Allied health professionals

Where results were statistically different between allied health professionals and the national response, allied health professionals were **less likely** to give a positive response compared to the national response, other than for the question 'I have regular access to coaching or mentoring or supervision' (12 percentage points higher than the national response).

Nurses

Nurses were **less likely** to give a positive response for all questions where results were statistically different to the national response. This includes the responses for 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'; in 2018, nurses were more likely than national to give a positive response to this question.

Medical practitioners

For medical practitioners, there were fewer questions that had a statistically significantly different response from national in 2022 compared to 2018. In 2022, there were five questions that medical practitioners were **less likely** to give a positive response on compared with national:

- 'In this service, recognising and reporting incidents is encouraged and valued'
- 'Learning from adverse events has led to positive change in this service/organisation'
- 'We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying'.
- 'I feel supported by my manager(s)'
- Wider organisation has a good understanding of the work we do in our service

Support workers

There were more statistically significant differences to the national response for support workers and peer workers than there were for other roles. Where there were differences, responses to all questions were **more likely** to be positive compared to the national response, including a statistically significant positive response to the new question 'The programme has provided me with the quality improvement knowledge and tools to apply in the workplace'.

Consumer advisors

Consumer advisors were **less likely** to give a positive response for questions where responses were statistically different compared to the national response.

Leadership and management roles

Those in leadership and management roles were **more likely** to give a positive response where responses were statistically different compared to the national response, including for:

- ‘In this service it is easy to speak up if I perceive a problem with tāngata whaiora care’ (15 percentage points higher)
- ‘In this service, recognising and reporting incidents is encouraged and valued’ (15 percentage points higher)
- ‘In this service we use data to help us monitor and make improvements to our quality of care/support’ (11 percentage points higher)
- ‘We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying’ (15 percentage points higher)
- ‘There are opportunities for professional development’ (including attending conferences, workshops and training sessions) (13 percentage points higher)
- ‘I feel supported by my manager(s)’ (16 percentage points higher).

Cultural advisors

Where differences were statistically different to the national response, cultural advisors were also **more likely** to give a positive response, including for:

- ‘We work alongside family/whānau to understand how best to support them and their family member’ (24 percentage points higher)
- ‘In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice’ (24 percentage points higher)
- ‘Mihi and whakawhānaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’ (38 percentage points higher)
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (52 percentage points higher)
  ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (39 percentage points higher)

Other roles

Compared with the national response, there were very few statistically significant differences in responses for family/whānau advisors, health coaches and health improvement practitioners (although response numbers were small overall).

Ethnicity

There were a range of statistically significant differences between ethnic groups and the national results.

Where responses were statistically different, Pacific peoples staff and Māori staff were **more likely** to give a positive response compared to the national response.

Questions with the largest positive differences for Māori staff were:

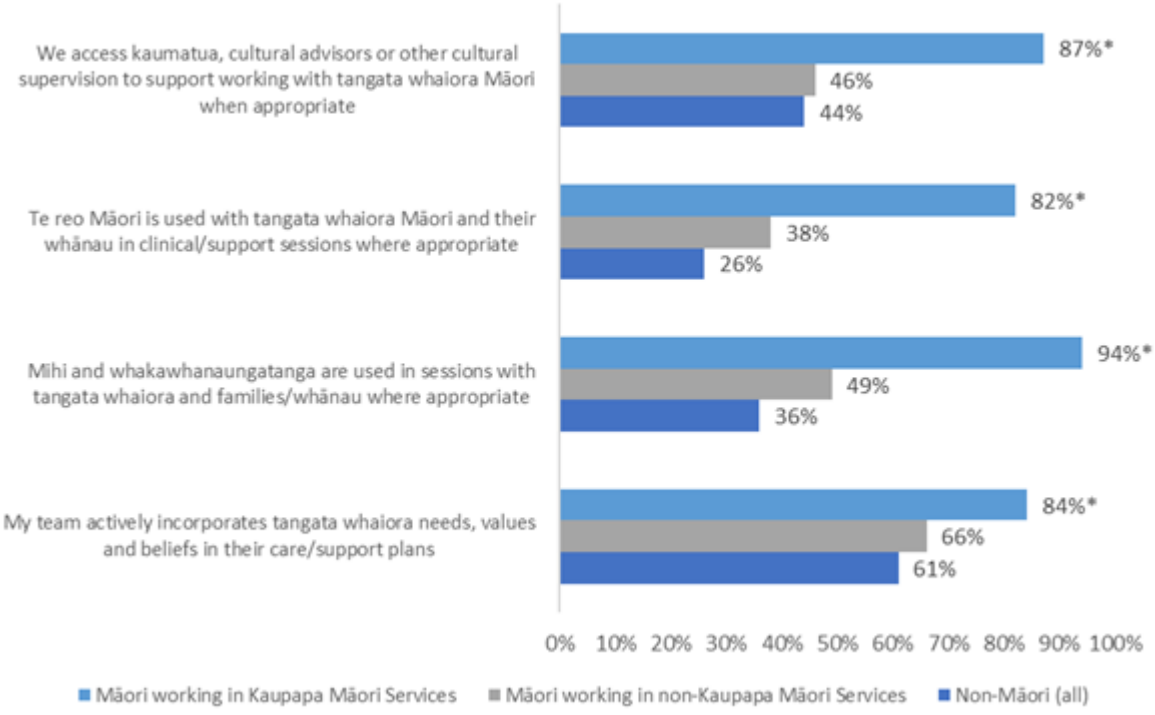
- ‘Mihi and whakawhānaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’ (20 percentage points higher than national)
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (18 percentage points higher than national)
- ‘The wider organisation has a good understanding of the type of work we do in our service’ (13 percentage points higher than national).

Pacific peoples staff were **more likely** to give a positive response to most questions compared to the national response.

Examples of questions with the largest positive differences for Pacific peoples staff were:

- ‘Mihi and whakawhānaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’ (19 percentage points higher than national)
- ‘We work alongside family/whānau to understand how best to support them and their family member’ (18 percentage points higher than national)
- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (18 percentage points higher than national)
- ‘Learning from adverse events has led to positive change in this service/organisation’ (18 percentage points higher than national).
- ‘In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice’ (15 percentage points higher than national)
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (15 percentage points higher than national)

Figure 7: Positive responses to cultural competence questions among Māori working in kaupapa Māori services, Māori in non-kaupapa services, and non-Māori



* Statistically significant difference between Māori working in a kaupapa service and Māori working in a non-kaupapa service

Gender

There were no statistically significant differences when comparing quality and safety culture responses between male/tāne and national, or female/wāhine and national responses. This was consistent with 2018.

There were a small number of responses (n=15) from those who identified as being gender diverse. Where statistically significant differences existed, they were **less likely** to give a positive response than national.

MHA area and service

The term ‘area’ refers to categorising results by mental health, addiction, intellectual disability, forensic, etc. The term ‘service’ refers to categorising results by child and youth, adult and older adult services.

Area

There were a range of statistically significant differences across areas of work in 2022.

Mental health - general

Where differences were statistically different compared to the national response, responses by staff working in *mental health – general* were **less likely** to be positive.

Staff working in *mental health – general* were **less likely** to give a positive response for:

- ‘Mihi and whakawhānaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’
- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tangata whaiora Maori when appropriate’
- ‘In this service it is easy to speak up if I perceive a problem with tāngata whaiora care’
- All learning and changing questions:
    - Recognising and reporting incidents encouraged and valued
    - ‘Learning from adverse events has led to positive change in this service/organisation’
    - ‘In this service we use data to help us monitor and make improvements to our quality of care/support’
    - ‘Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved’
- ‘We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying’
- ‘There are opportunities for professional development (including attending conferences, workshops and training sessions)’
- ‘Everybody in this service works together in a well-coordinated way’

Addiction - general

Staff working in *addiction – general* were **more likely** to give a positive response for:

- ‘In this service, recognising and reporting incidents is encouraged and valued.’
- ‘Learning from adverse events has led to positive change in this service/organisation’
- ‘We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying’
- ‘There are opportunities for professional development (including attending conferences, workshops and training sessions)’
- ‘I have regular access to coaching or mentoring or supervision’

Staff working in *addiction - general* were **less likely** to give a positive response for:

- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’
- ‘We work alongside family/whānau to understand how best to support them and their family member’

Mental health – Kaupapa Māori

Responses to most questions by staff working on *mental health – Kaupapa Māori* services were **more likely** to be positive compared to the national response.

Staff working in *addiction – Kaupapa Māori* were **more likely** to give a positive response for:

- ‘Mihi and whakawhānaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’
- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’
- ‘There are opportunities for professional development (including attending conferences, workshops and training sessions)’

Forensic

Staff working in *forensic* were **more likely** to give a positive response for:

- ‘We access kaumatua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’

Staff working in *forensic* were **less likely** to give a positive response for:

- ‘Tāngata whaiora and family/whānau are treated with respect by the service I work for’
- ‘I have regular access to coaching or mentoring or supervision’
- ‘Everybody in this service works together in a well-coordinated way’

Service

There were few statistically significant differences across services in 2022.

Staff working in child and youth services were **more likely** than national to give a positive response to:

- ‘We work alongside family/whānau to understand how best to support them and their family member’
- ‘I have regular access to coaching or mentoring or supervision’

Staff working in child and youth services were **less likely** to give a positive response to:

- ‘Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care’
- ‘In this service, recognising and reporting incidents is encouraged and valued’
- ‘Learning from adverse events has led to positive change in this service/organisation’
- ‘We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying’
- ‘The wider organisation has a good understanding of the type of work we do in our service’

Staff working in older adult services were **more likely** to give a positive response to:

- ‘We work alongside family/whānau to understand how best to support them and their family member’

There was no evidence of a statistically significant difference between staff working in adult mental health services and national responses, in part because the majority (62%) of survey respondents were staff in adult mental health services.

Length of time in role

Compared with the national average, staff working in their role for between less than one year were **more likely** to give a positive response for:

- 'Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved'
- 'There are opportunities for professional development (including attending conferences, workshops and training sessions) '
- 'I have regular access to coaching or mentoring or supervision'
- 'I feel supported by my manager(s)'
- 'Everybody in this service works together in a well-coordinated way'
- 'The wider organisation has a good understanding of the type of work we do in our service'

Compared with the national average, staff working in their role for between one and two years were **less likely** to give a positive response for:

- 'In this service we use data to help us monitor and make improvements to our quality of care/support'
- 'Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved'

Compared with the national average, staff working in their role for between three and five years were **less likely** to give a positive response for:

- 'I have regular access to coaching or mentoring or supervision'

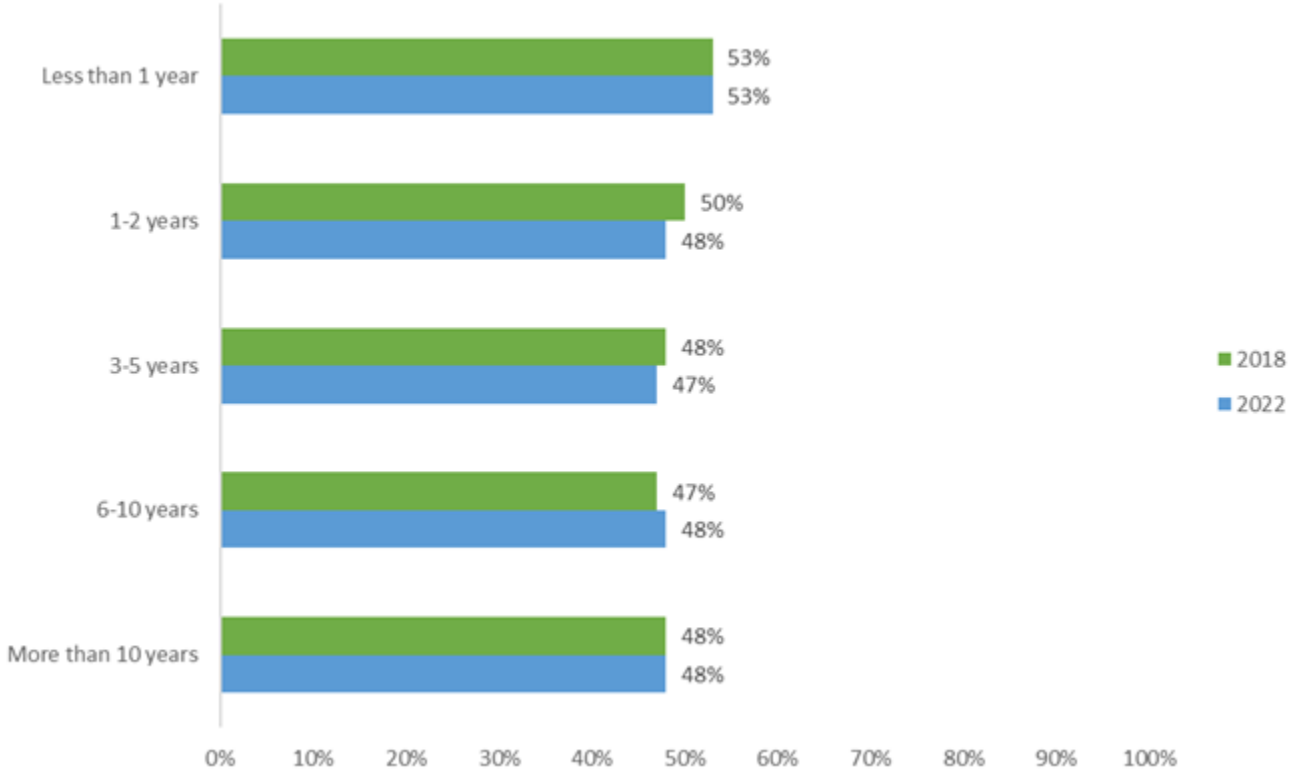
Compared with the national average, there was no evidence of a difference in positive responses for staff working in their role for between six and ten years.

Staff working in their role for more than ten years were **less likely** to give a positive response for:

- 'There are opportunities for professional development (including attending conferences, workshops and training sessions) '

Figure 8 shows the average percentage of positive responses across all 22 quality and safety culture questions among respondents based on the length of time in their role.

Figure 8: Average percentage of positive scores across 22 quality and safety culture questions by the length of time in their role 2022 vs. 2018

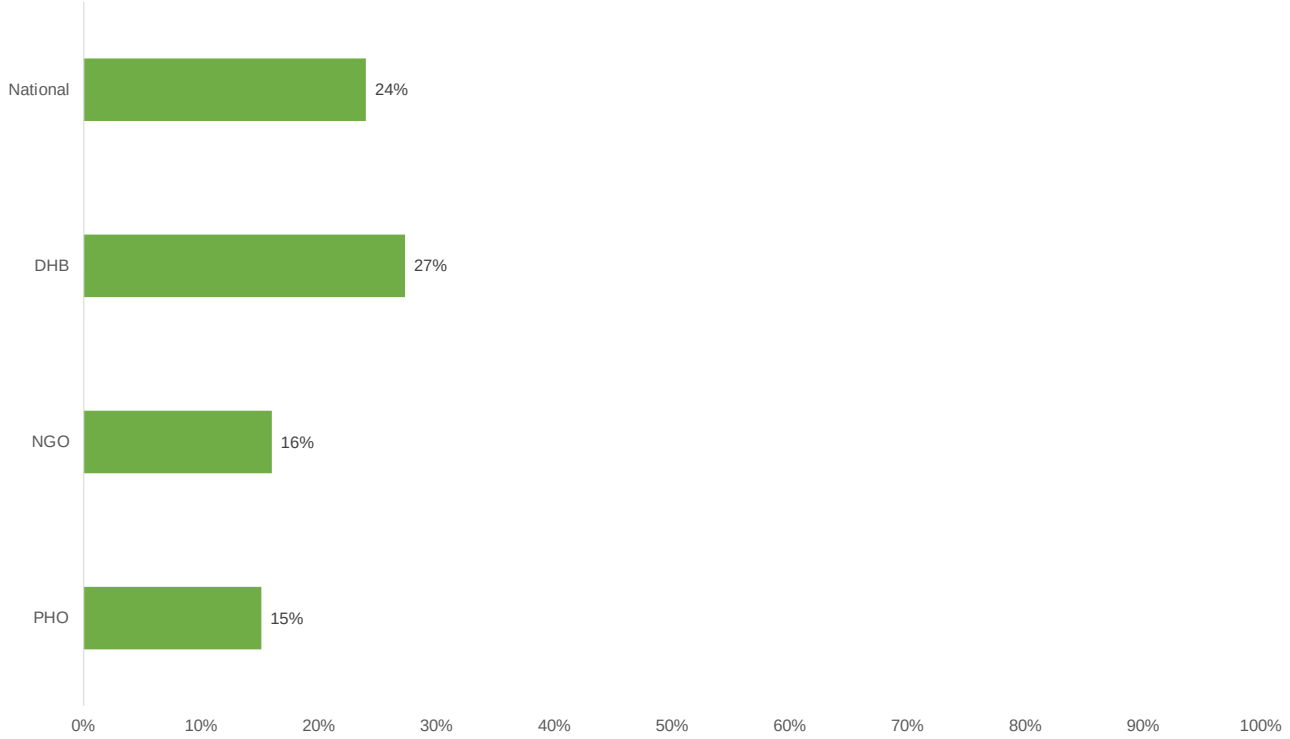


- For consistency with the 2018 survey, the two new quality and safety culture questions relating to involvement in Te Tāhū Hauora's quality improvement programme are excluded.

Participation in the quality improvement programme

In the 2022 survey, staff were asked if they had participated in Te Tāhū Hauora's mental health and addiction quality improvement programme (eg, Zero seclusion, Connecting care, Learning from adverse events, Quality improvement facilitator course, Quality in action).

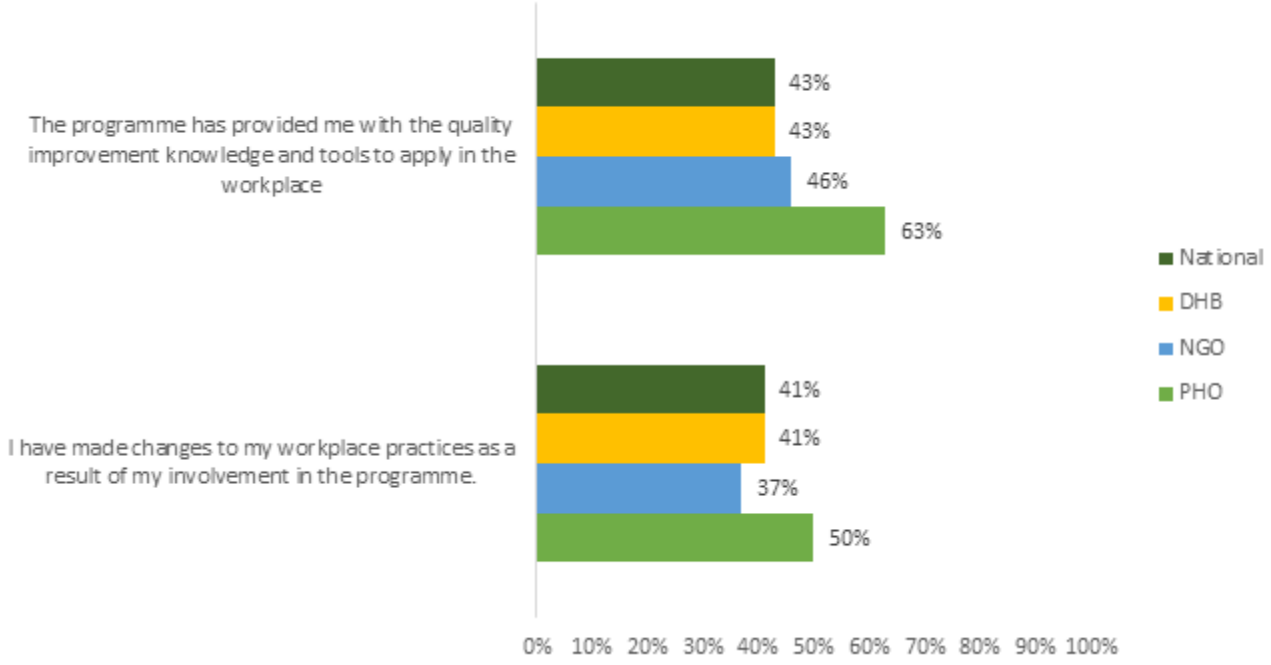
Figure 9: Percentage of staff who have participated in Te Tāhū Hauora's mental health and addiction quality improvement programme, by organisation type



If staff had participated (n = 385), they were then asked the following questions:

- 'The programme has provided me with the quality improvement knowledge and tools to apply in the workplace'
- 'I have made changes to my workplace practices as a result of my involvement in the programme'.

Figure 10: Impact of involvement in the quality improvement programme



There were few statistically significant differences in positive responses between organisation types and the national average.

For the question 'The programme has provided me with the quality improvement knowledge and tools to apply in the workplace', staff who were **more likely** to give a positive response than national were:

- A support worker
- Māori
- Working in mental health - Kaupapa Māori or
- Had worked in the mental health and addiction sector for less than one year.

For the question 'I have made changes to my workplace practices as a result of my involvement in the programme' staff **more likely** to give a positive response were working in mental health - Kaupapa Māori.

In words

The survey asked respondents to describe one thing in their service that would make things better for tāngata whaiora care and support, and one thing that currently works well.

In 2022 an additional open-ended question was added: 'What impact (if any) has COVID-19 had on the quality improvement initiatives in your workplace?'

The responses to these three open-ended questions were grouped under themes (for the methodology, see the technical report). Appendix 2 provides the full set of results from the themes.

The following quotes in response to each question help to illustrate the themes, while Figure 11 offers a visual summary of the responses to 'What would make things better for tāngata whaiora?'

In words: what impact (if any) has COVID-19 had on the quality improvements initiatives in your workplace?'

While the majority of responses about the impact of COVID-19 on quality improvement initiatives were negative, some respondents identified some positive impacts.

Negative impacts:

- Lack of access and availability of training opportunities, chronic staff shortages that mean training is bumped down the priority list, and/or has been cancelled on many occasions. Improvements have been about certain parts of the service and not case management. Service-led quality improvements initiatives recently have been halted due to COVID and staff shortages
- All education and trainings were cancelled due to COVID-19 resulting in a complete halt of my ability to improve my practice in a meaningful way
- Big impact. Hospital level restrictions to reduce the spread of COVID have meant less ability for whānau to come and spend time with their loved one (in patient unit environment). I believe this has had a really detrimental effect on tāngata whaiora, especially those in the more high dependency/ICU environment
- Caused massive time and focus attention - sucking it away from progressing our quality development programme
- Consistent face to face contact, was lost. This had a direct impact on some clients making it difficult to reconnect with them. Generally phone support and video links have worked
- COVID has disrupted care and interventions for our service over the last 2 years, which has resulted in protracted treatment plans and worn staff. There are significant pay inequities which are becoming more topical, in light of the effort required to maintain a semblance of service provision over the last two years and the perceived value of this effort when they are poorly paid. We have not had much space to focus on quality improvement, due to the effort require to maintain business as usual
- COVID has had a significant impact on quality improvement initiatives, the focus shifted away from quality improvement and onto managing covid. There has been significantly less time and energy to put into quality improvement which is really unfortunate.

Positive impacts:

- Accessibility was a big thing especially with digital devices and so forth, so we improved our engagements by getting our young people either a phone or through school a laptop

- COVID-19 has helped this service to look closely at procedure and client care. The word ‘wellness’ has taken on a new meaning for our service as COVID has meant we all need to try and stay healthy physically and emotionally. I am a manager and this has meant more regular Zoom time with each other … and anything discussed that will improve client and staff welfare has been implemented
- COVID has allowed us to be more flexible in working with clients. Zoom has been an enormous benefit. The change for court appearances has had an impact on time for clients and staff alike in the remote regions. It was a mission to get people to Red Beach now this can be supported in clients’ own environment or close to services in their own region.

In words: a sample of responses to: ‘What would make things better for tāngata whaiora?’

- Better psychological and support groups to manage behaviour mental health issues that don't require professional intervention. Many issues had to do with resilience and managing stress - with people having severe behavioural disruptions (even more aggressive behaviour, which they or family thought was due to mental illness, but was actually stress). Better training for GPs/ nurse practitioners regarding mental illness. Better community housing for people with mental illness. And more supported accommodation, especially for people with more significant problems. Staff in these accommodations, especially those with intellectual disabilities - to have better training
- Better interaction from their clinical teams. At present the clinical teams are lacking in their communication and paperwork with our service which makes it harder to do our job. They also don't interact well with tāngata whaiora whilst with our service. Reviews of tāngata whaiora and support with other external needs is hard to achieve whilst tāngata whaiora are in our service
- Better support and resourcing for staff in order to provide better care
- Better knowledge of our service amongst other health professionals to utilise our team effectively
- Connected Care - better interface with services across the continuum of care. Elimination of organisational silos, including ‘one’ patient management system across multiple agencies. A patient management system that is designed for the work that we do and can pull data from what is being recorded without the need of additional and onerous reporting mechanisms
- Creating a culture within the organisation that have bicultural requirements for our staff, stop being tokenistic and regularly provide workshops and upskilling to better understand working in a bicultural context. Making them compulsory and providing better support for the clinicians needing to learn more. Modelling a bicultural approach from the top. If the staff understand more they will be better able to serve our community. Putting requirements in performance appraisals, making managers accountable for ensuring staff are accessing trainings. If it comes from the top and there are job requirements, then no one can dismiss it
- Fund services that re needed, in particular the cultural support which is not available in this area of the DHB
- Funding to ensure the programmes we deliver, that we know work for our community can be delivered consistently and long-term.
- If we could access more consistent cultural support it would be hugely beneficial for tāngata whaiora and staff working with them
- Kaumatua access and more child, youth friendly space

- More funding for NGOs for quality improvement, kaumatua/cultural advisors, increase of wages to ensure retention and attraction to work in the sector and ability to focus on work and not needing to worry about financial issues

Figure 11: A summary of themes in responses to: 'What would make things better for tāngata whaiora?'

In words: a sample of responses to: 'What works well for tāngata whaiora?'

- Ability to follow up and review things within a good space of time. This support provides good accountability and has helped people to stay on track
- Asking how we can be of service, transparency and ability for Māori to make their own decisions regarding care needs
- Building trust and communicating openly and honestly with whānau really helps to build the rapport
- Considering the restraints and lack of staff and pressure we are under to deliver a service I believe tāngata whaiora we see are given a good service and are seen within a timely manner and are very much supported by our team
- Extremely helpful Māori staff despite being a relatively isolated and scarce resource - to the point of risking burnout

- Family meeting with the team work very well and gives the whānau/staff an opportunity to learn about their loved one and what has bought them to this service and what the service can provide for the whānau/patient
- Having stable older long term staff who are able to maintain ongoing relationships with tāngata whaiora
- Holistic approach - putting them at the centre of all we do - involving them in every step - nothing about them without them - being transparent - working in a way that is caring and working towards achieving the goals they set
- Inclusion, everybody has a sense of belonging and the staff and community work together to keep a safe and positive place for all participants
- Listening. Many tāngata whaiora have entered our doors frustrated and without a place or person to unload too. Before the mahi begins, engagement starts with your taringas.
- Māori support workers and cultural advisors
- Skills, abilities and compassion of staff.
- Small and responsive team of passionate healthcare professionals

Other resources available

Other resources containing results from the Ngā Poutama survey are available at:

https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/quality-in-context-survey-of-mental-health-and-addiction-2022/

These include:
- a summary pamphlet
- a technical report
- the survey questionnaire.

For information not contained in the above resources, please contact the Te Tāhū Hauora MHA team at: MentalHealthAddiction@hqsc.govt.nz.

Appendix 1: Data tables

This appendix contains detailed data tables of the survey results. All results are shown as percentage positives (scores of 6–7).

An asterisk (*) next to a percentage in a table indicates the score represents a statistically significant difference compared with the national results.

As this is a survey, all percentages are subject to sampling error. The margins of error for the survey results are:

- national results +/– 2.2 percent
- DHBs overall +/– 2.6 percent
- NGOs overall +/– 4.5 percent.

To calculate the margin of error for the other categories based on their sample size (*n*), the following formula was used:

$$\sqrt{\frac{0.25}{n}} \times 1.96$$

Organisation type

Table 2: Percentages of positive results nationally and by DHBs overall, and DHB range 2022

	National	DHB overall	DHB Low#	DHB high#	Variation low–high
	n = 1604-1859**	n = 1156-1338**			
Engagement with tāngata whaiora					
Tāngata whaiora and family/whānau treated with respect	76	71*	58	80	22
Work with tāngata whaiora to co-create a plan of care and support	68	62*	45	69	24
Work alongside family/whānau to understand how best to support them and their family member	59	56	43	65	22
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	43*	29	48	19
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	56*	47	61	14
Care and support provided					
Mihi and whakawhānaungatanga used where appropriate	40	34*	13	45	32
Te reo Māori used where appropriate	30	26*	14	35	21
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	45	27	66	39
Easy to speak up if I perceive a problem with care	55	50*	39	55	16
Staff in my team adhere to clinical evidence and guidelines	62	60	48	66	18
Care/support well coordinated between DHBs and NGOs/primary care	24	23	13	31	18
Transfers from one service to another – important and necessary information exchanged well	36	38	19	43	24
Learning and changing care and support provided					
Recognising and reporting incidents encouraged and valued	59	52*	39	60	21
Learning from adverse events has led to positive change	43	36*	20	43	23
Use data to help monitor and make improvements	40	34*	20	42	22
Senior staff actively encourage staff ideas	45	37*	23	47	24
Engaged, effective workforce					
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	24*	12	28	16
Opportunities for professional development	51	43*	20	53	33
Regular access to coaching or mentoring or supervision	58	53*	44	60	16
I feel supported by my manager(s)	60	54*	34	66	32
Everybody in this service works together in a well-coordinated way	41	35*	21	39	18
Wider organisation has a good understanding of the work we do in our service	27	17*	7	23	16
Participation in the quality improvement programme					
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	43	32	50	18
I have made changes to my workplace practices as a result of my involvement in the programme	41	41	20	56	36

DHBs with a sample size of below 20 were excluded from the reporting in the 'DHB low' and 'DHB high' columns as this sample size is below the minimum reporting threshold of 20.

* Statistically significant difference from the national result.

** Sample sizes varied across the 24 measurement questions.

Table 3: Percentages of positive responses nationally, for NGOs overall and by region 2022

	National	NGO overall	NGO Northern	NGO Midland	NGO Central	NGO South Island
	n = 1604-1859	n = 395-459	n = 121-141	n = 67-79	n = 88-101	n = 119-138
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	76	89*	86	95	85	92
Work with tāngata whaiora to co-create a plan of care and support	68	84*	79	89	84	87
Work alongside family/whānau to understand how best to support them and their family member	59	67*	63	70	67	69
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	66*	62	66	69	69
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	82*	79	85	84	82
Care and support provided						
Mihi and whakawhānaungatanga used where appropriate	40	57*	57	55	63	54
Te reo Māori used where appropriate	30	42*	44	37	44	42
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	50	49	53	54	46
Easy to speak up if I perceive a problem with care	55	69*	69	72	70	67
Staff in my team adhere to clinical evidence and guidelines	62	68*	68	63	66	72
Care/support well coordinated between DHBs and NGOs/primary care	24	27	32	15	26	29
Transfers from one service to another – important and necessary information exchanged well	36	29*	35	21	27	29
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	59	76*	81	69	74	76
Learning from adverse events has led to positive change	43	62*	64	54	64	63
Use data to help monitor and make improvements	40	54*	53	51	66*	48
Senior staff actively encourage staff ideas	45	63*	59	71	70	58
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	53*	59	53	58	44*
Opportunities for professional development	51	70*	75	67	73	66
Regular access to coaching or mentoring or supervision	58	69*	73	72	59	71
I feel supported by my manager(s)	60	73*	77	75	75	68
Everybody in this service works together in a well-coordinated way	41	58*	56	59	61	57
Wider organisation has a good understanding of the work we do in our service	27	53*	54	52	58	50
Participation in the quality improvement programme						
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	46	47	64	45	33
I have made changes to my workplace practices as a result of my involvement in the programme	41	37	42	45	42	22

* Statistically significant difference from the national NGO result.

Role

Table 4: Percentages of positive responses nationally and by role 2022

	National	Allied health professional	Nurse	Medical practitioner	Support worker	Leadership and management
	n = 1604-1859	n = 288	n = 382	n = 101	n = 171-172	n = 208-212
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	76	69*	70*	81	85*	86*
Work with tāngata whaiora to co-create a plan of care and support	68	61*	64	66	84*	75*
Work alongside family/whānau to understand how best to support them and their family member	59	54	59	64	70*	63
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	36*	46	41	67*	58*
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	52*	57*	62	79*	71*
Care and support provided						
Mihi and whakawhānaungatanga used where appropriate	40	34*	33*	41	59*	46
Te reo Māori used where appropriate	30	23*	26	29	45*	35
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	39*	48	44	50	51
Easy to speak up if I perceive a problem with care	55	45*	50	51	62	70*
Staff in my team adhere to clinical evidence and guidelines	62	59	62	56	66	68
Care/support well coordinated between DHBs and NGOs/primary care	24	21	24	17	34*	19
Transfers from one service to another – important and necessary information exchanged well	36	37	37	31	38	33
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	59	49*	52*	47*	74*	74*
Learning from adverse events has led to positive change	43	33*	34*	33*	58*	56*
Use data to help monitor and make improvements	40	29*	32*	35	51*	51*
Senior staff actively encourage staff ideas	45	36*	33*	39	54*	68*
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	23*	24*	17*	51*	47*
Opportunities for professional development	51	52	38*	52	67*	64*
Regular access to coaching or mentoring or supervision	58	70*	45*	53	63	66*
I feel supported by my manager(s)	60	58	52*	47*	66	76*
Everybody in this service works together in a well-coordinated way	41	38	35*	34	58*	48*
Wider organisation has a good understanding of the work we do in our service	27	22	15*	13*	51*	32
Participation in the quality improvement programme						
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	33	41	44	71*	49

I have made changes to my workplace practices as a result of my involvement in the programme	41	25	43	41	60	46

* Statistically significant difference from the national result.

Table 4: Percentages of positive responses nationally and by role (continued)

	National	Consumer advisor/ leader	Family/ whānau advisor	Health Coach	Health Improvement Practitioner
	n = 1604-1859	n = 26	n = 19	n = 7	n = 13
Engagement with tāngata whaiora					
Tāngata whaiora and family/whānau treated with respect	76	46*	74	71	85
Work with tāngata whaiora to co-create a plan of care and support	68	31*	36*	86	62
Work alongside family/whānau to understand how best to support them and their family member	59	27*	50	71	38
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	31	53	71	31
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	36*	36*	57	50
Care and support provided					
Mihi and whakawhānaungatanga used where appropriate	40	23	33	71	46
Te reo Māori used where appropriate	30	15	25	57	23
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	31	33	71	31
Easy to speak up if I perceive a problem with care	55	46	33	57	31
Staff in my team adhere to clinical evidence and guidelines	62	43	38*	86	67
Care/support well coordinated between DHBs and NGOs/primary care	24	15	11	43	8
Transfers from one service to another – important and necessary information exchanged well	36	15*	37	57	18
Learning and changing care and support provided					
Recognising and reporting incidents encouraged and valued	59	42	44	57	46
Learning from adverse events has led to positive change	43	35	33	57	31
Use data to help monitor and make improvements	40	42	16*	100*	62
Senior staff actively encourage staff ideas	45	35	39	57	54
Engaged, effective workforce					
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	27	33	43	23
Opportunities for professional development	51	27*	32	71	54
Regular access to coaching or mentoring or supervision	58	42	56	71	83
I feel supported by my manager(s)	60	50	58	71	77
Everybody in this service works together in a well-coordinated way	41	27	37	43	31
Wider organisation has a good understanding of the work we do in our service	27	12	42	57	23
Participation in the quality improvement programme					
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	32	33	100	33
I have made changes to my workplace practices as a result of my involvement in the programme	41	22	44	0	67

* Statistically significant difference from the national result

Table 4: Percentages of positive responses nationally and by role (continued)

	National	Cultural Advice and Support	Peer Support Worker	Administrative/ Technical Role	Other
	n = 1604-1859	n = 23	n = 50	n =84	n = 102-103
Engagement with tāngata whaiora					
Tāngata whaiora and family/whānau treated with respect	76	91	92*	84	77
Work with tāngata whaiora to co-create a plan of care and support	68	83	89*	65	68
Work alongside family/whānau to understand how best to support them and their family member	59	83*	66	65	54
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	74*	67*	58	42
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	78	85*	66	63
Care and support provided					
Mihi and whakawhānaungatanga used where appropriate	40	78*	59*	38	39
Te reo Māori used where appropriate	30	82*	38	28	28
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	86*	46	54	45
Easy to speak up if I perceive a problem with care	55	74	73*	43	53
Staff in my team adhere to clinical evidence and guidelines	62	78	69	64	61
Care/support well coordinated between DHBs and NGOs/primary care	24	35	39*	33	21
Transfers from one service to another – important and necessary information exchanged well	36	48	40	46	27
Learning and changing care and support provided					
Recognising and reporting incidents encouraged and valued	59	78	80*	56	59
Learning from adverse events has led to positive change	43	70*	76*	40	43
Use data to help monitor and make improvements	40	57	59*	50	36
Senior staff actively encourage staff ideas	45	65*	69*	39	38
Engaged, effective workforce					
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	52	63*	35	25
Opportunities for professional development	51	65	80*	41	50
Regular access to coaching or mentoring or supervision	58	27*	80*	30*	63
I feel supported by my manager(s)	60	83*	82*	50	60
Everybody in this service works together in a well-coordinated way	41	61	68*	35	29*
Wider organisation has a good understanding of the work we do in our service	27	48*	61*	27	24

Participation in the quality improvement programme					
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	50	44	50	43
I have made changes to my workplace practices as a result of my involvement in the programme	41	43	57	33	54

* Statistically significant difference from the national result.

Ethnicity

Table 5: Percentages of positive responses nationally and by ethnic group 2022

	National	NZ European	Māori	Pacific peoples	Asian#	Other##
	n = 1604-1859	n = 916-918	n = 300-301	n = 89-90	n = 108	n = 267-269
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	76	77	77	88*	81	76
Work with tāngata whaiora to co-create a plan of care and support	68	67	72	78*	69	68
Work alongside family/whānau to understand how best to support them and their family member	59	57	66*	77*	69*	60
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	45*	59*	65*	63*	42*
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	60	70*	77*	68	61
Care and support provided						
Mihi and whakawhānaungatanga used where appropriate	40	35*	60*	59*	54*	34
Te reo Māori used where appropriate	30	25*	48*	45*	45*	24*
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	43*	55*	65*	50	43
Easy to speak up if I perceive a problem with care	55	52	60	64	56	52
Staff in my team adhere to clinical evidence and guidelines	62	60	65	65	70	62
Care/support well coordinated between DHBs and NGOs/primary care	24	21*	27	33	41*	18*
Transfers from one service to another – important and necessary information exchanged well	36	33	36	44	56*	31
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	59	55*	64	73*	65	54
Learning from adverse events has led to positive change	43	40	48	61*	52	35*
Use data to help monitor and make improvements	40	37	45	51*	49	40
Senior staff actively encourage staff ideas	45	43	49	56*	42	41
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	29	43*	46*	30	28
Opportunities for professional development	51	50	59*	56	49	50
Regular access to coaching or mentoring or supervision	58	59	61	60	51	52
I feel supported by my manager(s)	60	60	62	69	57	58
Everybody in this service works together in a well-coordinated way	41	40	45	49	44	34*
Wider organisation has a good understanding of the work we do in our service	27	23*	40*	38*	40*	22
Participation in the quality improvement programme						
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	40	55*	57	41	48
I have made changes to my workplace practices as a result of my involvement in the programme	41	38	51	52	36	45

Asian includes Indian, Chinese, Southeast Asian and other Asian.
Other includes Middle Eastern, Latin American, African, other European and other.
* Statistically significant difference from the national result.

Table 5a: Percentages of positive responses nationally and among Māori and Pacific peoples, standardised for different organisation profiles

	National	Māori – standardised^	Pacific peoples – standardised^
	n = 1604-1859	n = 300-301	n = 89-90
Engagement with tāngata whaiora			
Tāngata whaiora and family/whānau treated with respect	76	74	87
Work with tāngata whaiora to co-create a plan of care and support	68	69	77
Work alongside family/whānau to understand how best to support them and their family member	59	63	77
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	55	64
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	66	76
Care and support provided			
Mihi and whakawhānaungatanga used where appropriate	40	56*	58*
Te reo Māori used where appropriate	30	46*	46
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	54	65
Easy to speak up if I perceive a problem with care	55	58	63
Staff in my team adhere to clinical evidence and guidelines	62	64	66
Care/support well coordinated between DHBs and NGOs/primary care	24	27	33
Transfers from one service to another – important and necessary information exchanged well	36	37	45
Learning and changing care and support provided			
Recognising and reporting incidents encouraged and valued	59	61	73
Learning from adverse events has led to positive change	43	45	60
Use data to help monitor and make improvements	40	43	51
Senior staff actively encourage staff ideas	45	47	56
Engaged, effective workforce			
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	40	45
Opportunities for professional development	51	55	54
Regular access to coaching or mentoring or supervision	58	59	59
I feel supported by my manager(s)	60	61	67
Everybody in this service works together in a well-coordinated way	41	42	49
Wider organisation has a good understanding of the work we do in our service	27	36*	38
Participation in the quality improvement programme			
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	54	56
I have made changes to my workplace practices as a result of my involvement in the programme	41	54	52

* Statistically significant difference from the national result.

^ The standardised figures adjust the data to account for the different organisation profile of ethnic groups – as within the pool of survey respondents, a higher percentage of Māori and Pacific MHA staff worked in NGO services than in DHB services. The standardised figures were calculated by, first, giving each ethnic group the same organisation profile (that is, the same percentage of staff who worked in DHB inpatient services, DHB community services, NGOs and primary care) as the national responses for that question. The survey results were then weighted to reflect this standardised organisation profile (eg, Māori and Pacific peoples in NGO services were given a lower weighting and Māori and Pacific

peoples in DHB services were given a higher weighting). The percentage of positive response to each survey question for each ethnic group for the weighted data is presented.

Gender

Table 6: Percentages of positive responses by gender in 2022

	National	Male/tāne	Female/wāhine	Gender diverse
	n = 1604-1859	n = 359-361	n = 964-967	n = 15
Engagement with tāngata whaiora				
Tāngata whaiora and family/whānau treated with respect	76	79	78	67
Work with tāngata whaiora to co-create a plan of care and support	68	67	70	57
Work alongside family/whānau to understand how best to support them and their family member	59	60	60	53
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	47	51	53
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	60	65	50
Care and support provided				
Mihi and whakawhānaungatanga used where appropriate	40	40	42	33
Te reo Māori used where appropriate	30	32	30	20
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	46	47	27
Easy to speak up if I perceive a problem with care	55	57	56	33
Staff in my team adhere to clinical evidence and guidelines	62	65	63	27*
Care/support well coordinated between DHBs and NGOs/primary care	24	24	25	15
Transfers from one service to another – important and necessary information exchanged well	36	32	38	21
Learning and changing care and support provided				
Recognising and reporting incidents encouraged and valued	59	61	60	27*
Learning from adverse events has led to positive change	43	45	44	27
Use data to help monitor and make improvements	40	42	40	13*
Senior staff actively encourage staff ideas	45	42	47	33
Engaged, effective workforce				
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	37	33	13
Opportunities for professional development	51	52	53	53
Regular access to coaching or mentoring or supervision	58	54	60	47
I feel supported by my manager(s)	60	60	63*	47
Everybody in this service works together in a well-coordinated way	41	40	43	33
Wider organisation has a good understanding of the work we do in our service	27	26	28	20
Participation in the quality improvement programme				
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	46	44	100
I have made changes to my workplace practices as a result of my involvement in the programme	41	43	42	100

* Statistically significant difference from the national result.

MHA area and service

Table 7: Percentages of positive responses by MHA area in 2022

	National	Mental health general	Addiction general	Mental health kaupapa Māori	Addiction kaupapa Māori
	n = 1604-1859	n = 899-901	n = 195-196	n = 90	n = 15-16
Tāngata whaiora and family/whānau treated with respect	76	75	80	90*	81
Work with tāngata whaiora to co-create a plan of care and support	68	66	70	82*	75
Work alongside family/whānau to understand how best to support them and their family member	59	59	52*	79*	44
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	48	45	74*	53
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	60	65	80*	73
Mihi and whakawhānaungatanga used where appropriate	40	35*	39	91*	75*
Te reo Māori used where appropriate	30	27*	27	75*	75*
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	43*	39*	82*	75*
Easy to speak up if I perceive a problem with care	55	51*	59	80*	62
Staff in my team adhere to clinical evidence and guidelines	62	59	66	72	56
Care/support well coordinated between DHBs and NGOs/primary care	24	24	23	24	31
Transfers from one service to another – important and necessary information exchanged well	36	35	38	38	19
Recognising and reporting incidents encouraged and valued	59	55*	66*	70*	69
Learning from adverse events has led to positive change	43	39*	51*	56*	50
Use data to help monitor and make improvements	40	36*	47	56*	31
Senior staff actively encourage staff ideas	45	40*	51	61*	60
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	28*	39*	53*	56
Opportunities for professional development	51	46*	64*	72*	80*
Regular access to coaching or mentoring or supervision	58	55	69*	68	73
I feel supported by my manager(s)	60	58	65	73*	73
Everybody in this service works together in a well-coordinated way	41	37*	47	62*	67
Wider organisation has a good understanding of the work we do in our service	27	24	28	51*	50
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	46	33	79*	67
I have made changes to my workplace practices as a result of my involvement in the programme	41	44	29	67*	50

* Statistically significant difference from the national result.

Table 7: Percentages of positive responses by MHA area in 2022 (continued)

	National	Intellectual disability services	Forensic	Other
	n = 1604-1859	n = 12	n = 97	n = 155-157
Tāngata whaiora and family/whānau treated with respect	76	92	62*	82
Work with tāngata whaiora to co-create a plan of care and support	68	75	58	77*
Work alongside family/whānau to understand how best to support them and their family member	59	75	54	69*
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	42	41	55
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	75	55	65
Mihi and whakawhānaungatanga used where appropriate	40	42	45	41
Te reo Māori used where appropriate	30	8	28	28
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	50	62*	45
Easy to speak up if I perceive a problem with care	55	75	48	55
Staff in my team adhere to clinical evidence and guidelines	62	58	61	68
Care/support well coordinated between DHBs and NGOs/primary care	24	17	24	27
Transfers from one service to another – important and necessary information exchanged well	36	17	43	38
Recognising and reporting incidents encouraged and valued	59	50	57	65
Learning from adverse events has led to positive change	43	42	37	46
Use data to help monitor and make improvements	40	33	44	41
Senior staff actively encourage staff ideas	45	25	42	50
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	17	26	38
Opportunities for professional development	51	58	42	58
Regular access to coaching or mentoring or supervision	58	42	44*	60
I feel supported by my manager(s)	60	58	49	65
Everybody in this service works together in a well-coordinated way	41	33	29*	47
Wider organisation has a good understanding of the work we do in our service	27	8	22	28
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	17	32	39

I have made changes to my workplace practices as a result of my involvement in the programme	41	17	27	46

* Statistically significant difference from the national result.

Table 8: Percentages of positive responses nationally and by MHA service in 2022

	National	Child and youth	Adult	Older adult
	n = 1604-1859	n = 189-190	n = 1153-1158	n = 71
Engagement with tāngata whaiora				
Tāngata whaiora and family/whānau treated with respect	76	82	75	87
Work with tāngata whaiora to co-create a plan of care and support	68	71	67	76
Work alongside family/whānau to understand how best to support them and their family member	59	69*	57	81*
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	46	50	56
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	66	62	67
Care and support provided				
Mihi and whakawhānaungatanga used where appropriate	40	46	41	35
Te reo Māori used where appropriate	30	30	31	30
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	46	47	41
Easy to speak up if I perceive a problem with care	55	50	55	54
Staff in my team adhere to clinical evidence and guidelines	62	63	61	73
Care/support well coordinated between DHBs and NGOs/primary care	24	16*	24	30
Transfers from one service to another – important and necessary information exchanged well	36	32	37	39
Learning and changing care and support provided				
Recognising and reporting incidents encouraged and valued	59	51*	59	65
Learning from adverse events has led to positive change	43	36*	44	48
Use data to help monitor and make improvements	40	38	40	39
Senior staff actively encourage staff ideas	45	41	45	51
Engaged, effective workforce				
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	23*	33	32
Opportunities for professional development	51	53	52	46
Regular access to coaching or mentoring or supervision	58	66*	56	55
I feel supported by my manager(s)	60	62	61	48*
Everybody in this service works together in a well-coordinated way	41	41	41	41
Wider organisation has a good understanding of the work we do in our service	27	20	28	30
Participation in the quality improvement programme				
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	50	44	33
I have made changes to my workplace practices as a result of my involvement in the programme	41	44	40	56

* Statistically significant difference from the national result.

Length of time in role

Table 9: Percentages of positive responses nationally and by length of time in role

	National	Less than 1 year	1–2 years	3–5 years	6–10 years	More than 10 years
	n = 1604-1859	n = 243	n = 250	n = 324-326	n = 215-217	n = 429-431
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	76	78	80	76	75	77
Work with tāngata whaiora to co-create a plan of care and support	68	71	68	68	61	70
Work alongside family/whānau to understand how best to support them and their family member	59	60	59	59	56	64
Involve tāngata whaiora and family/whānau in efforts to improve future practice	50	54	45	48	50	50
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	63	65	60	62	68	60
Care and support provided						
Mihi and whakawhānaungatanga used where appropriate	40	43	40	40	44	39
Te reo Māori used where appropriate	30	34	33	29	28	30
Access kaumātua, cultural advisors or other cultural supervision when appropriate	47	52	41	45	44	49
Easy to speak up if I perceive a problem with care	55	55	52	57	55	53
Staff in my team adhere to clinical evidence and guidelines	62	65	62	58	67	61
Care/support well coordinated between DHBs and NGOs/primary care	24	26	22	25	24	23
Transfers from one service to another – important and necessary information exchanged well	36	34	35	34	37	38
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	59	63	57	58	58	57
Learning from adverse events has led to positive change	43	41	41	46	42	42
Use data to help monitor and make improvements	40	42	33*	40	43	41
Senior staff actively encourage staff ideas	45	53*	38*	41	47	44
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	32	37	31	33	30	31
Opportunities for professional development	51	60*	59*	47	51	46*
Regular access to coaching or mentoring or supervision	58	67*	59	51*	61	54
I feel supported by my manager(s)	60	73*	62	56	58	55
Everybody in this service works together in a well-coordinated way	41	49*	37	38	42	40
Wider organisation has a good understanding of the work we do in our service	27	38*	30	24	24	22
Participation in the quality improvement programme						
The programme has provided me with the quality improvement knowledge and tools to apply in the workplace	43	65*	37	35	47	46
I have made changes to my workplace practices as a result of my involvement in the programme	41	57	38	33	44	43

* Statistically significant difference from the national result.

Appendix 2: Key themes from open-ended questions

The survey contained three open-ended questions. The first asked respondents what impact (if any) has COVID-19 had on the quality improvement initiatives in your workplace. The second asked respondents to identify one thing in their service that could make things better for tāngata whaiora care and support. The third asked respondents to describe one thing that currently works well for tāngata whaiora care and support in their service.

What impact (if any) has COVID-19 had on the quality improvement initiatives in your workplace?

Key themes

1. **Staff shortages (due to illness or stress) have meant that day-to-day, business as usual has been prioritised over training/quality improvement activities**
   - Staff have had increased workloads/having to cover for staff away sick
   - Training activities have been cancelled
   - There are considerable back logs

2. **The standard of care has been impacted negatively:**
   - The use of Zoom/phone calls for assessments and consultations has not worked well for all tāngata whaiora
   - Changes to admission criteria/stricter admission criteria has impacted on accessibility of services
   - Non-urgent assessments have been de-prioritised
   - There have been delays in collaboration across the sector
   - A lack of face-to-face contact has meant some tāngata whaiora have slipped through the cracks

3. **The additional procedures and processes put in place have meant additional timeframe challenges (which have also impacted on training/quality improvement initiatives):**
   - Time is taken up with COVID preparations and additional steps required in day-to-day activities
   - There is less opportunity for group/team activities – staff have worked in separate 'bubbles'

Other impacts:

- The experiences of some tāngata whaiora have been negatively impacted because of visitor (family, whānau) restrictions

Positive impacts of COVID-19 have included:

- Staff becoming more proficient in the use of technology (than they otherwise would have been)
- The ability to review the mode and manner in which services are provided – eg, Zoom and phone consultations (which have worked well for some tāngata whaiora)
- More flexible working approaches for staff – eg, home-based working
- Use of online communication tools such as Zoom have meant staff have been better able to communicate with one another (ease of communication)

What would make things better for tāngata whaiora care and support?

Key themes

1. Increased funding and better access to resources which would enable the following:

- Better access to respite care
- More clinical staff
- More peer support, counselling/therapy
- Access to community housing
- Improved physical environments
- More senior/experienced staff
- More immediate access to eg, counsellors, psychologists etc., families able to request emergency needs assessments etc.
- More home visits for assessment/mobile support, more after hours support
- More dedicated rather than shared spaces
- Better support for new mothers/maternal mental health
- Better resourced sector wide including staffing, facilities, professional development
- Full teams including a focus on staff to tāngata whaiora ratios, fill vacancies
- Access to better technology/access to accessible technology eg, Facetime instead of Zoom
- Increased beds
- More professional development and training opportunities
- Access to vehicles for work in the community
- More access to psychologists
- More acute facility care in the regions
- Reduced waiting lists.

2. Increased access to cultural support services

- Upskilling of Māori staff in te reo
- Whānau therapists/psychologists
- Better access to kaumatua (on-site, on-call)
- Larger cultural advisory teams
- Plans in place for improving cultural competence, cultural knowledge
- Better access across different regions (access is inconsistent)
- More after-hours access to cultural support.

3. Improved physical environments – many are run-down and not fit for purpose

- More user-friendly spaces
- Improved safety levels,
- More child-friendly environments
- Drop-in centres, more office space
- Friendly reception areas
- Sheltered waiting areas
- Facilities that are fit for purpose (heating, cooling, repairs done, etc).

4. Better communication, collaboration and integration including:

- Across mental health services and addiction services
- Across the sector
- Across primary and secondary services
- Across the continuum of care
- From senior management (direction, expectations).

5. **Less focus on the 'medical model'**
    - Increased focus on multi-disciplinary approach
    - Better care planning/outcomes focused delivery model.

6. **Service model related**
    - Access at different times, weekends, etc
    - Restructuring clinical delivery to ensure clinicians are not overloaded with non-patient related tasks
    - Continuity of service.
7. **Better/more modern technology (inconsistent across services) – including for people working out in the community**

Secondary themes were:

- More consistency from management/clear guidelines
- Reduce the stigma associated with addiction.

What works well for tāngata whaiora care and support?

Key themes

1. **Staff working in the mental health and addiction sector are hardworking, have high skill levels and are passionate about what they do (despite the additional challenges they have faced as a result of COVID-19)**
    - There is a genuine desire among staff to do their best
    - Staff are the most important asset
    - Staff are caring, supportive, approachable and respectful
    - Staff listen to tāngata whaiora – and hear them
    - Staff work alongside tangata whaioria and take the time to get to know them, build trust and relationships
    - Even when under pressure, everyone comes together to support tāngata whaiora and achieve improved outcomes.

2. **The cultural support (when) available is invaluable/excellent**
    - Cultural teams make first point of contact
    - Cultural support/Māori services (in-house) has a significant positive impact
    - Individual needs of tāngata whaiora are a key consideration.

3. **The inclusion of family/whānau in care plans is invaluable/whānau support**
    - There is wrap around whānau support
    - The inclusion of family/whānau support tāngata whaiora in their goals
    - Whānau centred approaches work well
    - Open door policies.

4. **There are good working relationships with colleagues, good teamwork, positive team cultures and whole of team approaches to case management**
    - Team dynamics are very good
    - Teams work collaboratively
    - Teams work well to support one another.

5. **There is good access to services and good systems in place, for example:**
    - 24 hour crisis support

- Good referral systems
- There are good outreach services
- Well integrated care between primary and secondary services
- Working collaboratively with tāngata whaiora
- Locally based services
- Peer support works very well
- Clinical care is of an exceptionally high quality.

Secondary themes were:

- Flexible approaches especially since COVID e.g. more phone/online meetings etc
- Telemedicine is working well for some tāngata whaiora (and especially younger people)
- There are good cross-sector relationships eg, between NGOs
- Group programmes are very successful
- Home based visits work well.